

Dear Dr.

We have learned that our employee , may have a disability that could require an accommodation. We need your assistance in determining if our employee meets the criteria to be considered a covered individual as defined by the Americans with Disabilities Act. To help us make a determination on what our options might be and to determine coverage under the Act, we are asking you to complete the following questions.

I have enclosed a stamped self-addressed envelope for your convenience.

Thank you for your assistance.

Sincerely,

PHYSICIAN'S INFORMATION

1. The following is a list of major life activities that the average person in the population can perform. Please circle any activity that is substantially limited because of a disability for the employee identified above. For each major life activity circled, please indicate the severity of the disability and describe the manner in which the employee is restricted in performing the activity.

Walking

Speaking

Breathing

Performing Manual Tasks

Seeing

Hearing

Learning

Caring for Oneself

Working

Driving

2. I have enclosed a list of the essential functions of our employee's current position so that you will have a better understanding of the work he performs. Please review each essential job function and indicate whether or not our employee is able to perform the function with or without accommodation.

3. Please describe the accommodation(s) or modification(s) you would suggest for this employee to perform the essential functions of this employee's current position.

4. What is the expected duration of the disability for this employee?

5. Direct Threat means a significant risk of substantial harm to the health or safety of the employee or others that cannot be eliminated or reduced by reasonable accommodation. The determination that an employee poses a "direct threat" shall be based on an individualized assessment of the individual's present ability to perform safely the essential functions of the job. The assessment shall be based on a reasonable medical judgment that relies on the most current medical knowledge and/or the best available objective evidence. Please provide the following information regarding the employee.

a. In performing the essential job functions of the position, is there a significant risk of substantial harm to the health of your patient or others?

b. If there is a significant risk, please describe any accommodation that will eliminate the risk or reduce it to acceptable levels?

c. The anticipated duration of the risk for this employee.

d. The nature and severity of the potential harm for this employee or others.

Physicians signature and date